

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41667****FILED DEC 27 1950**Registration District No. **200**Primary Registration District No. **5884**Registrar's No. **9**

1. PLACE OF DEATH:

- (a) County **Osage**
(b) City or town **Freeburg R.D. Washington Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community **Life**
years, months or days)3. (a) PRINT FULL NAME **Louis Morfeld**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Catherine Hoechert** 6. (c) Age of husband or wife if *****dead** years

7. Birth date of deceased **November 9th 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 4 hr. min.

9. Birthplace **unknown**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Retired**

12. Name **Anton Morfeld**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Frits Falter**

- (b) Address **Freeburg Mo**

17. (a) **Burial** (b) Date thereof **12-16-50**
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation **Freeburg Mo**

18. (a) Signature of funeral director **Edyde Morton**

- (b) Address **Linn Mo**

19. (a) **12-18-1950** (b) **Mrs. H. H. Morse**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Osage** **0760**
(c) City or town **Freeburg Rural**
(If outside city or town limits, write "RURAL")

- (d) Street No. **R.E.D. Washington Twp**
(If rural, give location)

- (e) Citizen of foreign country? **No** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec**, day **13**
year **1950** hour **7** minute **30** M.

21. I hereby certify that I attended the deceased from **April 25 1950** to **Dec 12 1950**
that I last saw him alive on **Dec 12 1950**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypostatic Pneumonia** 4 Day

Due to **Senile Debilities and Uremia - 5 to 6 mo**

Due to **Prostatitis - (Chronic)**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **- 6/10X**

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **O. H. Box** (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
Address **Freeburg Mo** Date signed **12-14-50**

RECEIVED

DEC 20 1950

DISTRICT HEALTH OFFICE No. 4

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Vernon M. Morton

Licensed Embalmer No.....

4625

P. O. Address.....

Linn Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.